



CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA

Immigrant Visa Section
3rd Floor, CitiBank Bldg., 23 Customs Street East, Private Bag 92022
Auckland, New Zealand
Ph (09) 303 2724 extn 2810 Fax: (09) 366 0870
AucklandIV@state.gov

INSTRUCTIONS FOR VISA APPLICANTS REQUIRING MEDICAL EXAMINATION FOR UNITED STATES VISAS

A medical examination is required of ALL applicants for immigrant visas and under certain circumstances, of applicants for other category non-immigrant visas. The medical examination can only be conducted by one of the **authorized panel physicians** listed on reverse. No other physician may perform this examination. **YOU SHOULD THEREFORE MAKE AN APPOINTMENT FOR A MEDICAL EXAMINATION WITH ONE OF THE LISTED DOCTORS. IT IS ESSENTIAL THAT YOU TAKE YOUR PASSPORT(S) WITH YOU AS A MEANS OF IDENTIFICATION. THE PASSPORT MUST ALSO BE PRESENTED TO THE RADIOLOGIST AND THE MEDICAL LABORATORY AS IDENTIFICATION, together with this form.** (Please complete your passport details on reverse of this form to present to Doctor & Laboratory.) If you do not speak English fluently, please take an adult interpreter with you. Medical reports are usually valid for twelve months from the date of examination. Medical examinations can NOT be performed in the U.S.

The medical examination includes a chest x-ray and blood serological test. Normally, applicants who will not reached the age of 15 years of age at the time they expect to enter the U.S., are not required to have a blood test or chest x-ray, except where evidence or belief of exposure to certain diseases exists.

The physician will advise you regarding obtaining the chest x-ray and blood test. These tests may be performed at any facility approved by the examining physician. All examination reports will be delivered directly to the Consulate General by the physician. **UNLESS OTHERWISE INDICATED BY THE PANEL PHYSICIAN OR BY THIS OFFICE, THE X-RAY FILM IS NOT REQUIRED ON THE DAY OF INTERVIEW** but should be taken to the U.S. with you and retained for your own personal records.

A blood test for antibody to the Human Immunodeficiency Virus (HIV) is required as part of your medical examination if you are aged 15 years or older. Infection with HIV causes a defect in a person's natural immunity against disease. This defect leaves infected people vulnerable to serious illnesses that would not usually be a threat to anyone whose immune system is intact. This test is not to diagnose AIDS, but to detect antibodies to the virus. If the result is positive, it does not necessarily mean that you have AIDS or will get it. The results of your test will be provided to a Consular Officer. Also, it may be necessary to report results to the health authorities in this country. A positive test result will mean that you will **NOT BE** eligible to receive a visa.

VACCINATION REQUIREMENTS: Immigrant visa applicants are required to obtain certain vaccinations (Listed below), prior to the issuance of an immigrant visa. Panel Physicians are required to verify that immigrant visa applicants have met the vaccination requirements. The required vaccinations listed **are dependent on the age of the applicant. The consular panel physician will advise you which vaccinations/immunology are required** MUMPS, MEASLES, RUBELLA, POLIO, TETANUS & DIPHTHERIA TOXOIDS, PERTUSSIS (WHOOPIING COUGH) INFLUENZA TYPE B (HIB), HEPATITIS B, VARICELLA (CHICKEN POX), PNEUMOCOCCAL, AND INFLUENZA.



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NOTE: ALL EXAMINATION RESULTS MUST BE RECEIVED BY THE CONSULATE GENERAL PRIOR TO THE APPLICANT'S APPOINTMENT FOR VISA INTERVIEW, THEREFORE MEDICAL APPOINTMENTS SHOULD BE SCHEDULED AT LEAST 2 WEEKS PRIOR TO THE SCHEDULED INTERVIEW. **ALL MEDICAL FEES ARE TO BE PAID TO THE DOCTOR IN CASH ONLY ON THE DAY OF EXAMINATION. MEDICAL FEES ARE NOT PAID BY THE U.S. GOVERNMENT.**

LIST OF PANEL PHYSICIANS

AUCKLAND

Dr. W. L. Daniels	: 320 Remuera Road, Remuera	: (09) 524-6504
Dr. Marcus Stone	: 377a Remuera Road, Remuera	: (09) 520-1565
Dr. Lidia Nowak,	: (CityMed, Ground Floor,)
Dr. Lisa Searle,	: (Quay West Bldg.) : (09) 377-5525
Dr. Donna Marshall	: (Cnr Albert St & Mills Lane)
Dr. Megan Corbett	: (Auckland 1)

WELLINGTON:

Dr David Hingston	: (The Terrace Medical Clinic, Level 1	: (04) 499-3236
Dr Edwin Whiteside	: (Intergen House, 44 The Terrace	

CHRISTCHURCH

Dr. T. Wilson &	: (High Street Mall Medical Centre, 1st Floor	: (03) 366-0235
Dr. W. Lee Brown	: (National Mutual Arcade, 248 High Street	

SAMOA

Dr. Emosi Puni	: (MedCen Hospital,	: (685) 26-519
Dr. John Adams	: (Avele, APIA	FAX: (685) 25-761 : (685) 26-323



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SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____

Passport No. _____ Place of Issue: _____

Date of Issue: _____ Date of Expiry: _____

**SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST
SUPERVISORS**

***Attach 1 photo of applicant here:**

PHOTO

I am satisfied that the person being examined is the bearer of the passport described above.

Signature of examining panel physician: _____ Date: _____

Signature of X-Ray supervisor: _____ Date: _____

Signature of Laboratory Technician: _____ Date: _____



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SUPPLEMENTAL FORM FOR ADDITIONAL FAMILY MEMBERS

APPLICANT #2

SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____

Passport No. _____ Date of Issue _____

Place of Issue: _____ Date of expiry: _____

**SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST
SUPERVISORS**

*** Attach 1 photo of applicant here:**

PHOTO

I am satisfied that the person being examined is the bearer of the passport described above.

Signature of examining panel physician: _____ Date: _____

Signature of X-Ray supervisor: _____ Date: _____

Signature of Laboratory Technician: _____ Date: _____



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APPLICANT #3

SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____

Passport No. _____ Date of Issue _____

Place of Issue: _____ Date of Expiry: _____

**SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST
SUPERVISORS**

*** Attach 1 photo of applicant here:**

PHOTO

I am satisfied that the person being examined is the bearer of the passport described above.

Signature of examining panel physician _____ Date: _____

Signature of X-Ray supervisor: _____ Date: _____

Signature of Laboratory Technician: _____ Date: _____